



Town of Arlington
PERSONNEL DEPARTMENT
730 Massachusetts Avenue
Arlington, MA 02476

AA/ADA/EOE

APPLICATION FOR EMPLOYMENT
PLEASE PRINT OR TYPE (Fill in all required information)

A. GENERAL INFORMATION

First

Middle

Last Name

No. & Street

Town

State

Zip Code

Phone No. / Business Phone (if permissible to use)

Social Security No.

Date of Birth

(Optional- will be required to be furnished upon employment.)

Have you ever been employed by the Town before?

Yes

No

If yes, when and for what department?

Do you have any relatives employed by the Town?

Yes

No

If yes, please name them.

In the past five years, have you been imprisoned, on probation, or fined for any violation of any law or ordinance (except parking violations)?

Yes

No

If yes, explain. (A record of conviction is not an automatic bar to employment.)

Are you a United States citizen?

Yes

No

If no, specify type of visa or work permit.

U.S. Military Service Data for Veteran's Preference:

Have you ever served in the Armed Forces of the United States (Army, Navy, Air Force, Marines, or Coast Guard)?

Yes

No

If yes, attach a photocopy of your discharge form (DD214)

Are you the widowed or unremarried spouse or parent of a veteran who died from a service-connected disability incurred in war time service? (WWI, WWII, Korean or Vietnam Conflicts, or Persian Gulf?)

Yes

No

B. EMPLOYMENT REFERENCES

Please list three persons whom we can contact, other than your immediate supervisors, who are able to evaluate your professional knowledge and ability, and/or your work record.

	1	2	3
Name			
Title			
Company			
Address			
Phone			

NOTE: It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. Any employer who violates this law shall be subject to criminal penalties and civil liability.

List position (s) for which you are applying:

List all Civil Service Exams Taken: Passed Failed

Do you hold a valid Mass. Driver's License?

Yes

No

If yes, which class?

A

B

C

D

List any machines and equipment you are trained to operate:

Clerical Skills:

Typing

W.P.M.

Shorthand

W.P.M.

Personal Computer Experience (list software programs):

Other Special Skills you have that relate to the position (s) for which you are applying:

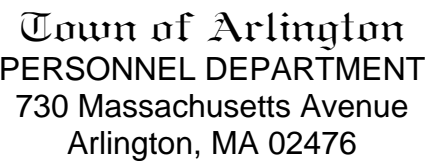
Type of employment desired:

Full Time

Part Time

Temporary

Shift Work



C. **EDUCATION:** CIRCLE THE NUMBER CORRESPONDING TO HIGHEST LEVEL OF EDUCATION COMPLETED.

Elem – High School					Post H.S. Voc/Tech			College					Graduate School			
8	9	10	11	12	1	2	3	1	2	3	4	5	1	2	3	4
High school equivalency diploma (GED) date earned _____												Granting agency _____				
List in reverse chronological order (Present or last shown first) all Colleges and Universities, Technical, Vocational, and Trade Schools and High Schools attended.																
Name of School					Address			Dates Attended from/to		Major Subject (s)			Diploma/Degree (If none, no. of credits)			
1.																
2.																
3.																
4.																

List certifications, licenses, registrations, applicable courses, and membership in Trade Associations or societies.

D. EXPERIENCE

Describe below all work experience in the past 5 years or your most recent 3 jobs, whichever will provide the most complete information about your work history. You may include any verifiable work performed on a volunteer basis. You may also provide information beyond 5 years or 3 jobs. (Use additional sheets of paper if necessary.)

Section 1		Section 2		Section 3	
1. Name of firm _____ Address _____ Your job title _____ Supervisor (name and title) _____ Telephone No. _____ Employed From: _____ To: _____ <div style="text-align: center;">Month/Year Month/Year</div> Full Time _____; if part time Hours/Weekly _____ May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>		Summary of your duties and responsibilities _____ _____ _____ _____ _____ _____ Reason for leaving _____ _____		Summary of your duties and responsibilities _____ _____ _____ _____ _____ _____ Reason for leaving: _____ _____ _____	
2. Name of firm _____ Address _____ Your job title _____ Supervisor (name and title) _____ Telephone No. _____ Employed From: _____ To: _____ <div style="text-align: center;">Month/Year Month/Year</div> Full Time _____; if part time Hours/Weekly _____ May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>		Summary of your duties and responsibilities _____ _____ _____ _____ _____ _____ Reason for leaving: _____ _____		Summary of your duties and responsibilities _____ _____ _____ _____ _____ _____ Reason for leaving: _____ _____	
3. Name of firm _____ Address _____ Your job title _____ Supervisor (name and title) _____ Telephone No. _____ Employed From: _____ To: _____ <div style="text-align: center;">Month/Year Month/Year</div> Full Time _____; if part time Hours/Weekly _____ May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>				Summary of your duties and responsibilities _____ _____ _____ _____ _____ _____ Reason for leaving: _____ _____	

E. STATEMENT

The following statement must be read and signed in order for your application to be accepted and considered. I understand that employment with the Town of Arlington depends upon the result of satisfactory replies from my references, past employers, and a favorable report on my physical examination, should one be requested; the satisfactory completion of a probationary period and a Civil Service appointment if applicable.

I hereby certify that my application form and any attachments to it contain no false information and are complete to the best of my knowledge. I am aware that if an investigation reveals misrepresentation or falsification, my application will be rejected, my name will be removed from any registers or lists, and if already employed, I may be immediately dismissed, and I may be disqualified from applying for any position with the Town of Arlington in the future. I hereby release any person or firm from any and all liability for damages pertaining to information supplied during the investigation of and processing of this application.

Signature of Applicant (do not print) _____ Date _____